Name in Full: Ainsworth

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Poolesville
County: Montgomery

Date of death: Month: October; Day: 9
Age: Years: Still-born; Months; Days

Sex: Boy
Color or Race: White
Birthplace: Poolesville

Occupation:
Where Residing if not at place of death: Poolesville

Married, Single or Widowed:
Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: J Roupe Ainsworth
Father's Birthplace: Kansas

Mother's Maiden Name: Mary Sellman
Mother's Birthplace: Poolesville

Name of person giving Information: J J Ainsworth
How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Separation placenta
How long:

Immediate: Asphyxia
How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R L Gott

Address: Poolesville Md

Accident or Suicide?

LIBRARY BUREAU A8861S

Name in Full: John T. Bean

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Colesville; County: Montgomery

Date of death 1904: Month: Dec.; Day: 4th

Age: Years: 38; Months: 0; Days: 17

Sex: Male; Color or Race: White; Birthplace: Md.

Married, Single or Widowed: Single; Occupation: Farmer

Name of Wife or Husband:

Father's Name: John C. Bean; Father's Birthplace: Md

Mother's Maiden Name: Mary Waters; Mother's Birthplace: "

Name of person giving information: Richard R. Bean; How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever; How long: 3 weeks

Immediate: Dysentery; How long: 24 hrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. T. Brown

Address: Burnt Mills Md

Accident or Suicide?

LIBRARY BUREAU A89519

Name in Full: Margaret C. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Spencerville — County: Montg

Date of death: Month: Oct. — Day: 24 — 1904 — Years: 74 — Months — Days

Sex — Color or Race: Black — Birthplace: Washington Co

Occupation: housewife — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband: Geo L. Brown

Father's Name: Thom Hutchison — Father's Birthplace: D C

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation: Geo Brown — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pyaemia — How long: 10 days

Immediate: Heart failure — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. R. Bateson.

Address: Spencerville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full Walter Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) near Rockville — (County) Montgomery

Date of death 1904 — Month 10 — Day 27 — **Age** Years 70 — Months — Days —

Sex Male — Color or Race Mulatto — Birthplace Maryland

Married, Single or Widowed Don't Know — Occupation Laborer

Name of Wife or Husband Don't Know

Father's Name Don't Know — Father's Birthplace Don't Know

Mother's Maiden Name Don't Know — Mother's Birthplace Don't Know

Name of person giving In formation Mrs. L. Ricketts — How related to deceased Not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pulmonary tuberculosis — How long 2 years

Immediate Exhaustion — How long 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Edward Anderson M.D.

Address Rockville, Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: John B Byrde

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dawsonville; County: Monto

Date of death: Month: 10; Day: 24; 1904

Age: Years: 76; Months; Days

Sex: Male

Color or Race: White

Birthplace: Dawsonville Md

Occupation: Farmer

Where Residing if not at place of death: —

Married, Single, Widowed

Name of Wife or Husband: Sallie Byrde

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Byrde

Father's Birthplace: Dawsonville Md

Mother's Maiden Name: Anna Byrde maiden name not known

Mother's Birthplace: " "

Name of person giving Imformation

How related to deceased

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Eccentric dilatation of heart — How long

Immediate: Asphyxia — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W D Bourne M D

Address: Dawsonville Md.

Accident or Suicide?

LIBRARY BUREAU A80816

Name in Full: Elwood Chesher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bean — County: Monty

Date of death 1904: Month: Oct — Day: 23 — Age: Years: 3 — Months: X — Days: X

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: X — Where Residing if not at place of death: X

Married, Single or Widowed: Single — Name of Wife or Husband: X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jas R. Chesher. — Father's Birthplace: Va.

Mother's Maiden Name: Nora Reid — Mother's Birthplace: Va.

Name of person giving information: J R. Chesher — How related to deceased: Father.

CAUSES OF DEATH

Primary: Scarlatina — How long: No medical attendent

Immediate: Uraemic Convulsions — How long: about 3 hours.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: N. J. Pratt MD. Subregistrar

Address: Potomac Md.

Accident or Suicide? X

LIBRARY BUREAU A68816

Name in Full: Fannie Chiswell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Burnt Mills; County: Montgomery

Date of death 1904: Month: Oct; Day: 1; Age: Years: 38; Months: 0; Days: 0

Sex: Female; Color or Race: Colored; Birthplace: Md.

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband:

Father's Name: Eaton Poole; Father's Birthplace: Va.

Mother's Maiden Name: Tamon Wheeler; Mother's Birthplace: "

Name of person giving Information: " Poole; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 9 Mos

Immediate: Asthenia; How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H T Brown.

Address: Burnt Mills Md.

Accident or Suicide?

27

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Heather Fay Cowden

Town

County

Died at Bethesda Montgomery MARYLAND

Date 1904 Month Oct Day 2 Age Y. 1 M. 11 D. 10 Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Bronchial Pneumonia How long sick 19 hrs

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by W. H. Hanson M.D.

Address 9330 2nd St. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

92

LIBRARY BUREAU, 65988

Name in Full: Margaret M Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forest Glen — County: Montgy

Date of death 1904: Month: Oct — Day: 28 — Age: Years: — Months: 15 — Days: 1

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: ✓ — Where Residing if not at place of death: ✓

Married, Single or Widowed: Single — Name of Wife or Husband: ✓

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas Dorsey — Father's Birthplace: Md

Mother's Maiden Name: Mary Wood — Mother's Birthplace: Md

Name of person giving Information: Eliza Wood — How related to deceased: Grandmother

CAUSES OF DEATH

Primary: Marasmus — How long: 15 mos

Immediate: Acute Nephritis — How long: one week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. K. Lewis M.D.

Address: Kensington

Accident or Suicide? ✓

LIBRARY BUREAU A66618

Name in Full

Certificate of Death

Gertrude Agnes Florence

Town

County

Died at Bethesda Montgomery MARYLAND

Date 1904 Month Oct Day 16 Age Y. 91 M. D. Native of W. C. Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Cerebral Hemorrhage 151 — How long sick ?

Immediate — Accident, Suicide, Homicide

Reported by W. Glennan MD

Address 1350 Q St NW

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Daniel Gaither

Certificate of Death

Town: Gaithersburg County: Montgomery

Died at: MARYLAND

Date 1904 Month: 10 Day: 3 | Age Y. 27 M. D. | Native of: Md | Occupation: Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of: not married

Father's Name: James Gaither

Mother's Name: Catherine Gaither

Cause of Death — Primary: Typhoid fever — How long sick: 5 weeks

Immediate: Exhaustion

Accident, Suicide, Homicide

Reported by: A. L. Skinner

Address: Unity P. O.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908

Name in Full: Sarah E. S. Nagg

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockville; County: Montgy

Date of death 1904: Month: 10; Day: 22

Age: Years: 70; Months: 9; Days: 28

Sex: Female; Color or Race: White; Birthplace: Mass

Occupation: Lady; Where Residing if not at place of death: ×

Married, Single or Widowed: Widow; Name of Wife or Husband: [illegible]

Father's Name: Jno E. Davis; Father's Birthplace: Mass.

Mother's Maiden Name: Eliza S. —; Mother's Birthplace: Mass

Name of person giving Imformation: Mary S Nagg; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Entestinal Catarrh; How long: 2 1/2 yrs

Immediate: Ef Lanstian; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O. M. Linthicum M.D.

Address: Rockville Md

Accident or Suicide? No.

LIBRARY BUREAU A88816

Name in Full: Dossey Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Germantown — County: Mont'g

Date of death: Month: 10 — Day: 29 — 1904

Age: Years: 1 — Months: 5 — Days: —

Sex: Male — Color or Race: Negro. — Birthplace: Germantown

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alex Johnson — Father's Birthplace: Germantown Md

Mother's Maiden Name: Rose Corn — Mother's Birthplace: " "

Name of person giving Information: — — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition — How long: 6 mo.

Immediate: Marasmus — How long: —

151

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. D. Towne M.D.

Address: Dawsonville Md.

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Isaac Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Laytonsville — (County): Montgomery — MARYLAND

Date of death: Month: Oct — Day: 7 — Years: Age 73 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Montgomery Co

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah Ann Johnson

Father's Name: Isaac Johnson — Father's Birthplace: Montgomery Co

Mother's Maiden Name: Jane Parker — Mother's Birthplace: " "

Name of person giving information: Isaac L Johnson — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arteria Sclerosis — How long: 2 or 3 yrs

Immediate: Heart failure & general debility - 1 week — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W H Dyer

Address: Laytonsville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Chas. A. King

Died at Town Sutton, County Worcester, MARYLAND

Date 1894 Month Oct Day 1 | Age Y. 18 M. 3 D. 10 | Native of Shrewsbury | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~ 5

~~Husband~~ ~~Wife~~ of

Father's Name Wm King | Mother's Name Lydia Brown

Cause of Death — Primary: Consumption — How long sick: 6 months

Immediate: Exhaustion

~~Accident, Suicide, Homicide~~

Reported by H. G. Skinner

Address Sutton P.O.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Albert Algia Pratt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brinklow — County: Montgomery

Date of death: Month: Oct — Day: 4th — 1904

Age: Years: 73 — Months: 11 — Days: 4

Sex: Male — Color or Race: Colored — Birthplace: Howard Co. Md

Occupation: Farm hand — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mary J. Pratt

Father's Name: Samuel Pratt — Father's Birthplace: Howard Co. Md.

Mother's ~~Maiden~~ Name: Mary Pratt — Mother's Birthplace: Howard Co. Md.

Name of person giving information: Herman Algia Pratt — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: 15 weeks & 4 days

Immediate: Uraemia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. Farquhar

Address: Olney, Maryland.

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full — Certificate of Death

Edna Prentice

Town — County

Died at Bethesda — Montgomery — MARYLAND

1904 — Month Day — Y. M. D. — Native of — Occupation

Date ~~1904~~ Oct 12, — Age 17 — Negro

~~Male~~ — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name Unknown — Mother's Name Unknown

Cause of Death — Primary: Malnutrition — How long sick: ?

Immediate: Exhaustion

Accident, Suicide, Homicide

Reported by W B Jackson MD

Address 1300 L St. NW

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Wilderness Street

Town

County

Died at Bethesda Montgomery MARYLAND

Date 1904 Dec 8th Age Y. 27 M. D. Native of D C Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name unknown

Mother's Name unknown

Cause of Death: Primary Malnutrition

How long sick 2

Immediate Exhaustion 151

Accident, Suicide, Homicide

Reported by W B Johnson M.D.

Address 153 1st St N.W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Peter J. Slayman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Silver Spring — County: Montgomery

Date of death 1904: Month: Oct — Day: 11

Age: Years: 83 — Months: 0 — Days: 0

Sex: Male — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: Widower — Occupation: Laboner

Name of Wife or Husband: Mary French

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Mrs. Beall — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gangrene — How long: 2 mos.

Immediate: Syncope — How long: 3 days.

142

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. J. Brown.

Address: Burnt Mills Md.

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full

Certificate of Death

Dorothy Williams Smithson

Town

County

Died at Bethesda Montgomery MARYLAND

1907 Month Day Y. M. D. Native of Occupation

Date ~~Died~~ Oct 12 Age 3 27 D.C.

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced ~~Widower~~

Female ~~Colored~~ Single ~~Number of children living~~

Husband of

Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Malnutrition — How long sick ?

Immediate Exhaustion 151 — Accident, Suicide, Homicide

Reported by J. B. Pearson M.D.

Address 9330 Jones Mill Rd.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Benj F. Suddath

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Travilah — County: Montg.

Date of death 190 4 — Month: Oct — Day: 19th

Age — Years: 54 — Months: X — Days: X

Sex: Male — Color or Race: White — Birthplace: Va

Occupation: Farmer — Where Residing if not at place of death: X

Married, Single or Widowed: Married — Name of Wife or Husband: Anne E. Potts Suddath

Father's Name: Jas S. Suddath — Father's Birthplace: X

Mother's Maiden Name: Georgia A. Mathers — Mother's Birthplace: X

Name of person giving Information: A E. Suddath — How related to deceased: wife.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright's Disease. — How long: about 5 years

Immediate: Uraemia — How long: 15 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. J. Pratt M.D.

Address: Potomac, Md.

Accident or Suicide? X

LIBRARY BUREAU A89518

Name in Full: Washington

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: near Olney (Town) — Montgomery (County)

Date of death 1904: Month Oct. — Day 20 — Age: Years — Months — Days at birth

Sex: Male — Color or Race: Colored — Birthplace: near Olney, Md.

Occupation: X — Where Residing if not at place of death: X

Married or ~~Widowed~~ Single: Single — Name of Wife or Husband: X

Father's Name: Walter Rogers — Father's Birthplace: Montg. Co. Md.

Mother's Maiden Name: Bessie Washington S. — Mother's Birthplace: Montg. Co. Md.

Name of person giving information: Bessie Washington — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Deformity. Spina Bifida and — How long

Immediate: Disimbowelment — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. Farquhar.

Address: Olney, Maryland.

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Ella Worfield

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockville; County: Montgomery

Date of death: Month: 10; Day: 28; Years: 8; Months: –; Days: –

Sex: Female; Color or Race: Colored; Birthplace: Md

Occupation: Laborer; Where Residing if not at place of death: X

Married, Single or Widowed: X; Name of Wife or Husband: X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Andrew W. Worfield; Father's Birthplace: Md

Mother's Maiden Name: Ella Turner; Mother's Birthplace: Md

Name of person giving Imformation: A.W. Worfield; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Nephritis with Tuberculosis; Followed by; How long: 3 mos

Immediate: Exhaustion; How long: 2 or 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. M. Linthicum

Address: Rockville Md

Accident or Suicide? No

LIBRARY BUREAU A68316

Name in Full: Mary Babie Webster

CERTIFICATE OF DEATH

MARYLAND

Died near Town: Sandy Spring — County: Montgomery

Date of death 1904 — Month: Oct. — Day: 15 — Age: Years — — Months: Four — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Sandy Spring

Occupation: + + — Where Residing if not at place of death: + +

Married, Single or Widowed: Single — Name or Wife or Husband: + +

Father's Name: Harry Webster — Father's Birthplace: Montg. Co. Md.

Mother's Maiden Name: Clara Rounds — Mother's Birthplace: Montg. Co. Md.

Name of person giving information: Wm. H. Thomas — How related to deceased: No relation.

93

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Supposed Pneumonia as no Physician — How long [illegible]

Immediate: in attendance. — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. Farquhar. M.D.

Address: Olney, Maryland.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Lucy Wood

Died at Town Bethesda County Montgomery MARYLAND

Date 1904 Month Oct Day 19 Age Y. 5 M. 28 D. Native of D.C. Occupation

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Malnutrition 151 — How long sick ?

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by V B Swaseay MD.

Address 1333 D St. NW

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary [illegible]

Town

County

Died at Bethesda [illegible] MARYLAND

1964 Month Day Y. M. D. Native of Occupation

Date ~~1963~~ Oct 9 Age 84 [illegible]

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name [illegible] Mother's Name [illegible]

Cause of Death: Primary — Malnutrition — How long sick ?

Immediate — Exhaustion — Accident, Suicide, Homicide

Reported by [illegible] 151

Address [illegible]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968